# EMERGENCY FOOD & SHELTER PROGRAM

# METERED UTILITY VERIFICATION FORM

|  |  |  |  |
| --- | --- | --- | --- |
| EFSP Phase: | Choose an item. | Jurisdiction:  | Choose an item. |
| LRO Name & LRO#: | Choose an item. |

**Client Information** (required)

|  |  |
| --- | --- |
| **Client Name:** | Click or tap here to enter text. |
| **Customer Account Number:** | Click or tap here to enter text. |
| **Client Address:** | Click or tap here to enter text. |
|  | *(complete street address)* |
|  | Click or tap here to enter text. |
|  | *(city/state/zip)* |

**Utility Payment Type:** [ ]  Electric [ ]  Gas [ ]  Water

# The amount(s) being paid by the agency is for: [ ]  Current month's utilities [ ]  Past due utilities

|  |  |  |  |
| --- | --- | --- | --- |
| **Billing Period***(mm/dd/yyyy* **to** *mm/dd/yyyy)* | **Due Date***(month/date/year)* | **Total****Monthly Bill** | **Amount paid by EFSP****(usage & taxes only)** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
|  | **The total amount being paid by EFSP: $** Click or tap here to enter text. |  |  |

The amount paid for each billing period cannot exceed one month's billing, and the payment being made by this agency must be entirely past due and is part of the total amount owed at the time of payment. LROs may pay clients up to 90 days (3 months) per phase if necessary to prevent disconnection of services. EFSP guidelines allow for the payment of utility assistance up to 10 calendar days before the due date. No deposits, late fees, or other service fees are eligible.

### LRO Verification (To be completed by the LRO staff)

## The information above has been verified with the utility company, and the appropriate utility bills are provided with this form.

|  |  |
| --- | --- |
| Verified on (month/day/year): | Click or tap here to enter text. |
| Verified with (name of utility company): | Click or tap here to enter text. |
| Verified by (name of utility company staff): | Click or tap here to enter text. |
| Name of LRO staff conducting verification: | Click or tap here to enter text. |
| Signature of LRO staff conducting verification: |  |